## 1. Confidential Access -

- a. Service Helpdesk information was issued on 11/4
- b. If a Child Protection Worker believes confidential access to a child is necessary during a Family Assessment, they should consult with their supervisor. During consultation, determine whether or not circumstances are such that reassignment to the Child Abuse Assessment pathway is more appropriate. In general, the following reasons may suggest a need to reassign to the Child Abuse Assessment pathway:
  - The parents have a history of violence or flight.
  - The person allegedly responsible for the abuse is the child's parent or guardian or resides in the child's home, and the injury or risk of injury may be significant.
  - The child's condition requires immediate observation.
  - You believe the child will be in danger of abuse if you contact the parent or guardian first.
  - You believe the integrity of information obtained during the assessment will be jeopardized if you contact the parent or guardian first.
  - The children need attention or placement assistance, and the parents' whereabouts are unknown.
- c. Weigh the need to use confidential access. In general, the practice of full disclosure to the family during the assessment process would include obtaining prior parental consent for observing and interviewing children.
- 2. Add the word "unlawful" to the first sentence of 'p.' in code language recommendation
- 3. DR reassignment rates:

CY15 Reassignment Rates:

- 24,355 accepted intakes
- 37% went to FA
- 63% went to CAA
- Of completed assessments, 31% remained FA
- 6% of total intakes were reassessed and switched to CAA
- These make 16%, respectively, of reassigned cases from the original pool of FA intakes.

## CY14 Reassignment Rates:

- 23,455 accepted intakes
- 39% went to FA
- 61% went to CAA
- Of completed assessments, 34% remained FA
- 5% of total intakes were reassessed and switched to CAA
- These make 13%, respectively, of reassigned cases from the original pool of FA intakes.
- 4. CARA/CAPTA alteration: 232.77 Photographs, X rays, and medically relevant tests, and affected infants.

(2) If a health practitioner discovers in a child physical or behavioral symptoms of the effects of exposure to cocaine, heroin, amphetamine, methamphetamine, or other illegal drugs, or combinations or derivatives thereof, which were not prescribed by a health practitioner, or if the health practitioner has determined through examination of the natural mother of the child that the child was exposed in utero, the health practitioner may perform or cause to be performed a medically relevant test, as defined in section 232.73, on the child. The practitioner shall report any positive results of such a test on the child to the department. The department shall begin an assessment pursuant to section 232.71B upon receipt of such a report. A positive test result obtained prior to the birth of a child shall not be used for the criminal prosecution of a parent for acts and omissions resulting in intrauterine exposure of the child to an illegal drug.

(3) A health care provider involved in the delivery or care of an infant affected by any substance abuse, or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder shall notify the department of the occurrence of such condition of an infant.

5. Reassignment from FA to CAA is, in part, driven by the safety assessment tool:

## Changing Case Assignment

When any of the following occur during a Family Assessment you must re-assign the case to a Child Abuse Assessment:

- After attempts to engage the family in the Family Assessment, they refuse to participate.
- 2 After you engage the family, you discover information that is an element of the intake screening tool that would disqualify the family for a Family Assessment.
- Any time during the course of a Family Assessment, the child becomes unsafe.
- 4. The subsequent safety assessment of the family at the end of the 10 days indicates the child is conditionally safe.
- The family desires to have a child abuse assessment instead of a child abuse assessment.

a.